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Housing and Community Development Department

Rent Adjustment Program

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**NOTICE TO RENT ADJUSTMENT PROGRAM
OF INTENT TO WITHDRAW RENTAL UNIT
FROM RENTAL MARKET
(O.M.C. § 8.22.430(A)(1))**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

1. ADDRESS OF PROPERTY:

Oakland, California

LEGAL DESCRIPTION OF PROPERTY: (Please attach a separate sheet if more room is needed.)

NEW USE OF PROPERTY:

2. TOTAL NUMBER OF RENTAL UNITS ON THE PROPERTY: (CONFIDENTIAL INFORMATION O.M.C. § 8.22.430(B))

3. NUMBER OF RENTAL UNITS BEING REMOVED FROM THE RENTAL HOUSING MARKET

4. TENANT INFORMATION (CONFIDENTIAL INFORMATION O.M.C. § 8.22.430(B))

Please attach a separate sheet providing the following required information for each unit.

- A. Rental Unit No.
- B. Name(s) of All Tenant(s) Residing in the Rental Unit
- C. Current rent for the Rental Unit
- D. The date the tenancy began.
- E. The forwarding address for each tenant in the Unit

5. OWNER INFORMATION (All owners of the property must be listed. Please attach a separate sheet if more room is needed).

Name of Owner: _____

Address of Owner: _____

6. DECLARATION OF OWNER ALL OWNERS MUST PERSONALLY SIGN. PAYMENT OF THE APPLICATION FEE OF \$250 PER UNIT MUST BE ATTACHED.

I declare under penalty of perjury, under the laws of the State of California, that I have served on the each of the tenants listed on this form:

- 1) City of Oakland Notice of Termination of Tenancy;
- 2) City of Oakland Notice of Tenant Rights;
- 3) City of Oakland Notice of Entitlement to Extension Due to Disability or Age;
- 4) Notice of Entitlement to Relocation Benefits.

The information provided on this Notice to Rent Adjustment Program to Withdraw Rental Unit From Rental Market, including any attachments, is true and correct to the best of my knowledge and belief.

Executed on _____ in _____, California.
(date) (city)

(print name) (signature)

(print name) (signature)